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## APPLICANTS

Robin D. Platt, Fruit Heights, UT;

\*\* CONTINUING DATA \*\*\*\*\*

- None - *TG*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - *TG*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/27/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Y</i>	UT	6	16	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

Concealable pocket flap apparatus and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time.) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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